Shelly, Middlebrooks & O'Leary, Inc.

Dear Agent:

We are in the process of updating our files to communicate more effectively with your office. Please complete the information below indicating email addresses for everyone within your organization that you feel we would need to communicate with.

Agency Name: _____

Website: _____

NAME	EMAIL ADDRESS	LICENSE #	2-20	4-40

Please include your Insurance License # and indicate License Type as 2-20 or 4-40 License as this information is required for our Direct Bill Program.

Please fax this information to 904-355-7611 or email to webagentinquiry@shellyins.com

Thank you in advance for your help with this matter and feel free to contact us should you have any questions or concerns regarding this matter.

P.O. BOX 2909, JACKSONVILLE, FL 32203-2909 • (904) 354-7711 • FAX (904) 355-7611 • WATS (800) 342-2498
WEB: WWW.SHELLYINS.COM • E-MAIL: WEBAGENTINQUIRY@SHELLYINS.COM